

INDIANA ASSOCIATION OF FAIRS ASSOCIATE MEMBERSHIP (Special) - 2019-2020

Please print or type all information:

Name of Organization/Company: _____

Represented By: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Cell Phone: _____

Email: _____

Website Address: _____

***CATEGORY* (Please Check One)**

_____ Awards, Trophies, Advertising Supplies

_____ Booking Agents

_____ Entertainment

_____ Carnivals

_____ Equipment & Supplies

_____ Food & Midway Concessions

_____ Special Services

_____ Other (explain below)

TYPE OF BUSINESS OR KIND OF SERVICE: _____

SLOGAN: (one line please): _____

Membership Dues \$150.00 – Special Membership for 2 years \$ _____

Be sure to complete Convention Registration and Hotel Registration Forms for attending the 2019 convention in October 2018.

MAIL COMPLETED FORM with Check payable to “INAF” at:

INAF
PO Box 842
Brownsburg, IN 46112

